**PARTICIPANT CONSENT FORM**

**Study title**: The association between the temporal properties of the auditory nerve and its effects on auditory temporal processing and speech perception abilities in CI users

**Researcher name**: Sharmila Patel

**ERGO number**: 25477

**IRAS ID**: 244347

***Please initial the box(es) if you agree with the statement(s):***

|  |  |
| --- | --- |
| I have read and understood the information sheet *(dated 01/02/2018 / version 1.0 of the participant information sheet)* and have had the opportunity to ask questions about the study. |  |
| I agree to take part in this research project and agree for my data to be used for the purpose of this study. |  |
| I understand my participation is voluntary and I may withdraw at any time for any reason without my rights being affected. |  |

**Data Protection**

I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this ethically approved research study.

I understand my responses and results will be anonymised in reports of the research.

**Clinical Research**

I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from University of Southampton, from regulatory authorities, from the research sponsor or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I agree to my General Practitioner being informed of my participation in the study.

Name of participant (print name)…………………………………………………………………….

Signature of participant……………………………………………………………………………….

Date……………………………………………………………………………………….. …………..

Name of researcher (print name)……………………………………………………………………

Signature of researcher ………………………………………………………………………………

Date……………………………………………………………………………………………………..